IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

rst Named

: James R. Meier et al. Inventor

Appln. No.: 10/647,798

Filed : August 25, 2003

For

IDENTIFICATION CARD PRINTER RIBBON CARTRIDGE

Docket No.: F12.12-0137

Group Art Unit: 2854

Examiner:

Eugene Eickholt

H. '

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 I HEREBY CERTIFY THAT THIS PAPER IS BEING SENT BY U.S. MAIL, FIRST CLASS, TO THE COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, THIS

DAY OF FEBRUARY

PATENT ATTORNEY

This is in response to the Office Action mailed on November 19, 2004. Please amend the above-identified application as follows.

02/23/2005 MBELETE1 00000046 10647798

01 FC:2201 02 FC:2202 200.00 OP 450.00 OP

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|---|---|------------|---------------------------------|-------------------|--|------------------------------|-----------------------|----------------------------|--|
| | | | | Complete if Known | | | | | |
| FEE TRANSMITTAL | | | | Applicati | ion Number | | 10/647,798 | | |
| | | | | | Filing Date August 25, 2003 | | just 25, 2003 | | |
| FEB 2 2 2005 For FY 2005 | | | | | med Inventor | Jan | James R. Meier et al. | | |
| TOTAL AMOUNT OF PAYMENT (\$) 650 | | | | Examine | | 285 | i 4 | | |
| Emplicant claims sn | ms small entity status. See 37 CFR 1.27 | | | | Art Unit Eugene H. Eickhol | | | | |
| TOTAL AMOUNT OF | PAYMENT (\$) 650 | | | 1 | Docket Number | F12 | 2.12-0137 | | |
| METHOD OF PAYMENT (Check all that apply) | | | | | | | | | |
| □ Check ☒ Credit Card □ Money Order □ None □ Other (Please Identify): ☐ Deposit Account - Deposit Account Number: 23-1123 □ Deposit Account Name: Westman, Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments ☐ Under 37 CFR 1.16 and 1.17 Warming: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SI | EARCH, AND EX | CAMINATION | I FEES | | | | | | |
| Application Type | FILING FEES Small Er Fee (\$) Fee (\$ | ntity | SEARCH F Small ee (\$) Fe | | EXAMINATI <u>S</u> <u>Fee</u> (\$) | ON FEES mall Entity Fee (\$) | Ĺ | | |
| Utility | 300 150 | | | 250 | 200 | 100 | <u>Fee</u> | es Paid (\$) 500 | |
| Design | 200 100 | | 100 | 50 | 130 | 65 | | <u> </u> | |
| Plant | 200 100 | | | 150 | 160 | 80 | | | |
| Reissue Provisional | 300 150 200 100 | | 500 | 250 0 | 600 0 | 300 0 | | | |
| 2. EXCESS CLAIM I | | • | J | Ū | ŭ | J | | Con all Entite | |
| Fee Description | LLO | | | | | | Fee | Small Entity (\$) Fee (\$) | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | | 50 | 25 | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | | | 100 | |
| Multiple dependent claims | | | | | | | 360 | 180 | |
| Total Claims | | tra Claims | <u>Fee</u> | | Fee Paid (\$) | | Mu | Itiple Dependent Claims | |
| 72 HP = highest number of tot | - 20 or HP = | | × 25 | 5 = | 450 | | <u>Fee</u> 18 | | |
| Indep. Claims | | tra Claims | Fee | (\$) | Fee Paid (\$) | | 10 | <u> </u> | |
| | - 3 or HP = | | × 10 | | 200 | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | |
| Total Sheets | · Extra Sho | | | | itional 50 or fract | tion there | of Fee (\$) | Fee Paid (\$) | |
| 0 | - 100 = 0 | / 50 = | . 0 | (rou | nd up to a whole | number) x | c <u>125</u> | = <u>0</u> | |
| 4. OTHER FEE(S) Fee(s) Paid (\$) | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) - Other: | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Signature | Bro |) | | | Registration (Attorney/ | | 41,885 | Telephone: 612-334-3222 | |
| Name (Print/Type) | Brian D. Kaul | | | | | | | Date: 2-18-2005 | |